

EMERGENCY INFORMATION/VOLUNTEER HOURS FORM FOR BORDER TRASH CLEANUPS

To be completed by the volunteer BEFORE the cleanup. Give to cleanup coordinator. Please print and include area codes.

INFORMATION WILL BE KEPT CONFIDENTIAL AND RETURNED TO VOLUNTEER AT END OF CLEANUP.

EMERGENCY INFORMATION

Volunteer Contact Information

Name of Volunteer Group:			
Name:		Last 4 Digits of SSN#:	
Home Address:			
City:	State:	Zip Code:	E-Mail:
Phone:		Cell Phone:	

Person to Notify in Case of an Emergency

Name:		Relationship:	
Home Address:			
City:	State:	Zip Code:	Phone:

Backup Contact in Case of an Emergency

Name:		Relationship:	
Home Address:			
City:	State:	Zip Code:	Phone:

Physician to Notify in Case of an Emergency

Physician Name:		Phone:	
Medical Plan:		Hospital Preference/City:	

Special Medical Conditions

Special Medical Conditions *(Diabetes, Hypertension, Regular Medications, Etc.):			
Allergies to (Specify):			
Signature:		Date:	

VOLUNTEER HOURS AT BORDER TRASH CLEANUP

This is a record of the hours this volunteer dedicated to a cleanup of border trash in Arizona.

VOLUNTEER NAME	DATE(S)	LOCATION	TOTAL HOURS	SIGNATURE OF CLEANUP COORDINATOR